

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Deborah De Angelo

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

19-cv-07957 () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

MAXIMUS INC / NY Medicaid choice program

Jennifer Herrera, Lyndra Shinkowski, Jodi Lukaszewski, Kosterik

(full name(s) of the defendant(s)/respondent(s))

Almiranda, Grace, Grace, Awilda Martinez

Sullivan County
Dept of Social Services
J. J. J. J.
Bulmon
Kathy Whitehead

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- | | | |
|--|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (<u>unemployment</u> , social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Unemployment \$371 ended 6/16/19? FLS ended 3/19/163-reappears
Worker's compensation \$560.92 bi monthly

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

0

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

Housing \$589. taxes 400-into vass, Home owner Ins \$80.
car payment \$157. (may lose) electric \$20. Car Ins \$125.

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

0

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

0

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

8/22/19
Dated

Deborah DeAngelo
Signature

DeAngelo, Deborah
Name (Last, First, MI)

Prison Identification # (if incarcerated)

150 Martin Feld Rd PO Boxes Greenfield PR NY 12435
Address City State Zip Code

585-813-2793
Telephone Number

E-mail Address (if available)